

DV/SA REPORTING FORM - 2005 revision

DOMESTIC VIOLENCE & SEXUAL ASSAULT/CHILD MOLESTATION

NO STAPLES
PLEASE!

POLICE CASE #: _____

A. INCIDENT INFORMATION

LOCATION (street address): _____ CITY: _____
ZIP: _____
☐ PUBLIC PLACE/INDOORS
☐ PUBLIC PLACE/OUTDOORS
☐ HOUSE ☐ VEHICLE
☐ APARTMENT
☐ OTHER (specify): _____
INCIDENT DATE: _____
TIME (military): _____
REPORT DATE: _____
(if different from incident date)

WHO CONTACTED POLICE?

☐ VICTIM ☐ FAMILY MEMBER ☐ FRIEND ☐ NEIGHBOR
☐ SUSPECT ☐ HOSPITAL ☐ 911 ☐ ANON ☐ CHILD
☐ OTHER (specify type): _____

ALCOHOL/DRUG USE:

• IN OFFICER'S OPINION,
ALCOHOL INVOLVED? ☐ SUSPECT ☐ VICTIM ☐ NEITHER ☐ UNK
DRUGS INVOLVED? ☐ SUSPECT ☐ VICTIM ☐ NEITHER ☐ UNK

B. ARREST INFORMATION

• DID PROBABLE CAUSE EXIST TO BELIEVE A
DOMESTIC VIOLENCE (DV) CRIME OCCURRED? ☐ YES ☐ NO
• DID PROBABLE CAUSE EXIST TO BELIEVE A SEXUAL
ASSAULT (SA/CM) CRIME OCCURRED? ☐ YES ☐ NO
• WERE PHOTO(S) TAKEN OF VICTIM? ☐ YES ☐ NO
• WERE PHOTO(S) TAKEN OF CRIME SCENE? ☐ YES ☐ NO
• WAS OTHER PHYSICAL EVIDENCE COLLECTED? ... ☐ YES ☐ NO

C. ASSAULT INFORMATION

• VICTIM PHYSICALLY ASSAULTED? ☐ YES ☐ NO
• VICTIM SEXUALLY ASSAULTED? ☐ YES ☐ NO
• VISIBLE VICTIM INJURIES DUE TO INCIDENT? ☐ YES ☐ NO
• WEAPON / OBJECT USED TO HURT / INJURE? ☐ YES ☐ NO
IF YES, WHAT? ☐ HANDGUN ☐ LONG GUN ☐ KNIFE
☐ OTHER (describe): _____
• WEAPON / OBJECT USED TO THREATEN? ☐ YES ☐ NO
IF YES, WHAT? ☐ HANDGUN ☐ LONG GUN ☐ KNIFE
☐ OTHER (describe): _____
• INDICATE IF VERBAL THREATS WERE MADE BY SUSPECT TO:
☐ VICTIM ☐ CHILDREN ☐ FAMILY ☐ FRIEND(S)
☐ PET(S) ☐ OTHER (type): _____
IF THREAT WAS MADE, WHAT WAS SAID? _____

MARK OVALS DESCRIBING NATURE OF ASSAULT / INCIDENT:

☐ VERBAL ARGUMENT ☐ VERBAL ABUSE
☐ VICTIM KEPT FROM LEAVING ☐ VICTIM KEPT FROM USING PHONE
☐ THREAT OF PHYSICAL VIOLENCE ☐ CHOKING / STRANGLING
☐ SPITTING AT ☐ HAIR PULLING ☐ GRABBING ☐ SCRATCHING
☐ KICKING ☐ BITING ☐ SLAPPING ☐ HITTING W/FISTS
☐ PUSHING / SHOVING VICTIM ☐ BEATING ☐ PET(S) HARMED
☐ THROWING OBJECTS ☐ BURNING
☐ THROWING / SLAMMING VICTIM ☐ ATTEMPTED SEXUAL ASSAULT
☐ THREAT OF SEXUAL ASSAULT ☐ SEXUAL PENETRATION
☐ SEXUAL TOUCHING ☐ OTHER (describe): _____

• VICTIM IN PAIN NOW? ☐ YES ☐ NO
• VICTIM PREGNANT AT TIME OF INCIDENT? ☐ YES ☐ NO
• VICTIM REQUIRED MEDICAL ATTENTION? ☐ YES ☐ NO
IF YES, WHAT MEDICAL FACILITY? _____
• ANYONE ELSE ASSAULTED BY SUSPECT? ☐ YES ☐ NO
☐ CHILDREN ☐ FRIEND ☐ RELATIVE
☐ OTHER (type) _____
• SUSPECT ASSAULTED VICTIM BEFORE? ☐ YES ☐ NO
IF YES, WHEN? _____
• HOW MANY TIMES? ☐ 1 ☐ 2-5
☐ MANY OVER TIME, BEGINNING WHEN? _____
(approximately)

D. SEXUAL ASSAULT / CHILD MOLESTATION INFO.

IF AN ALLEGED SEXUAL ASSAULT OR CHILD MOLESTATION,
DATE OF ALLEGED ASSAULT: _____
• WAS A FORENSIC RAPE EXAM DONE? ☐ YES ☐ NO
IF CHILD CASE, DCYF NOTIFIED? (800-742-4453) ... ☐ YES ☐ NO
• ADULT REPORTING OWN ABUSE AS A CHILD? ☐ YES ☐ NO
• WAS SEXUAL ABUSE ONGOING? ☐ YES ☐ NO
IF YES, HOW LONG? ☐ LESS THAN 1 YR ☐ 1 - 5 YRS
☐ MANY YRS OVER TIME, BEGINNING WHEN? _____
• HAS CASE BEEN REFERRED TO THE AG'S OFFICE? ☐ YES ☐ NO
• NUMBER OF SUSPECTS:
☐ 1 ☐ 2 ☐ 3 ☐ MORE THAN 3 - HOW MANY? _____

E. VICTIM INFORMATION

NAME: _____ DOB: _____
(Last) (First) (MI)
ADDRESS: _____ GENDER: F ☐ M ☐
CITY: _____ STATE: _____ ZIP: _____
HOME PH#: _____ CELL or WORK PH#: _____
PH# OF CONTACT PERSON: _____
• VICTIM / SUSPECT LIVING TOGETHER AT TIME OF INCIDENT?
☐ YES ☐ NO

• IF VICTIM WAS 60 YRS OR OLDER, WAS DEA NOTIFIED?
☐ YES ☐ NO (401-462-0555 Abuse Unit)

VICTIM ETHNIC / RACIAL BACKGROUND:

☐ WHITE ☐ BLACK ☐ WH HISPANIC ☐ BL HISPANIC
☐ ASIAN ☐ NATIVE AMERICAN ☐ OTHER (specify): _____

VICTIM DEMEANOR (choose all that apply):

☐ TEARFUL/CRYING ☐ HYSTERICAL ☐ AFRAID
☐ SHAKING/TREMBLING ☐ ANGRY ☐ NERVOUS
☐ UPSET ☐ WITHDRAWN/FLAT AFFECT
☐ OTHER (describe): _____
• DID VICTIM SAY ANYTHING? ☐ YES ☐ NO
IF YES, WHAT WAS SAID? _____

F. SUSPECT INFORMATION

NAME: _____ DOB: _____
(Last) (First) (MI)
ADDRESS: _____ GENDER: F ☐ M ☐
CITY: _____ STATE: _____ ZIP: _____
RELATIONSHIP TO VICTIM / MARK RELEVANT OVAL.
☐ MARRIED or ☐ FORMERLY MARRIED
☐ INTIMATE PARTNER or ☐ FORMER INTIMATE PARTNER
☐ CHILD IN COMMON ☐ COHABITANT(no relationship) ☐ DATING
☐ RELATIVE (specify type): _____

If relationship choices above are not appropriate for sexual assaults, use list below:

☐ CO-WORKER ☐ STRANGER ☐ FRIEND ☐ EMPLOYER
☐ ACQUAINTANCE ☐ CAREGIVER ☐ DATE ☐ EMPLOYEE
☐ OTHER (describe): _____

SUSPECT ETHNIC / RACIAL BACKGROUND:

☐ WHITE ☐ BLACK ☐ WH HISPANIC ☐ BL HISPANIC
☐ ASIAN ☐ NATIVE AMERICAN ☐ OTHER (describe): _____

• DOES SUSPECT POSSESS WEAPONS? ... ☐ YES ☐ NO
IF YES, ☐ HANDGUN ☐ LONG GUN ☐ KNIFE
☐ OTHER (describe): _____

• WERE WEAPONS CONFISCATED? ☐ YES ☐ NO

SUSPECT DEMEANOR (choose all that apply):

☐ APOLOGETIC ☐ CALM ☐ BELLIGERENT ☐ ANGRY
☐ THREATENING ☐ NERVOUS ☐ CONFUSED
☐ SUSPECT NOT AT SCENE ☐ SUSPECT DECEASED
☐ OTHER (describe): _____

• VISIBLE SUSPECT INJURIES DUE TO INCIDENT? ... ☐ YES ☐ NO
• WAS PHOTO TAKEN OF SUSPECT'S INJURIES? ☐ YES ☐ NO
• DID SUSPECT SAY ANYTHING? ☐ YES ☐ NO
IF YES, WHAT WAS SAID? _____

G. PROTECTIVE ORDERS INFORMATION

• PROTECTIVE ORDER ISSUED BEFORE THIS INCIDENT? ☐ YES ☐ NO

IF YES, IS ORDER STILL ACTIVE? ☐ YES ☐ NO

• IF YES, WHAT KIND? CRIMINAL NO CONTACT ORDER ☐

RESTRAINING ORDER ☐

FOREIGN (out-of-state) RESTRAINING ORDER ☐

• IF FOREIGN, WHICH STATE? _____

• IF THERE IS AN ACTIVE ORDER, AND SERVICE HAS **NOT** BEEN MADE, DID OFFICER(S) GIVE NOTICE TO THE DEFENDANT? ☐ YES ☐ NO

• IF NO RESTRAINING ORDER EXISTS, DID OFFICER(S) GIVE VICTIM TEMPORARY RESTRAINING ORDER INFORMATION? ☐ YES ☐ NO

• DID OFFICER CHECK **RONCO (BCI, 421-5268)** FOR UPDATED INFORMATION ON RESTRAINING ORDER / NO CONTACT ORDER? ☐ YES ☐ NO

H. MINOR CHILDREN INFORMATION

• DO MINOR CHILDREN LIVE IN THE HOME? ☐ YES ☐ NO

HOW MANY? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ more than 6

AGES: ☐ <1 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ twins

• HOW MANY PRESENT DURING THE INCIDENT? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 6+

• HOW MANY SAW? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ more than 6

• HOW MANY HEARD? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ more than 6

• DID OFFICER INTERVIEW/QUESTION CHILDREN? ☐ YES ☐ NO

• HOW MANY? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ more than 6

I. PROPERTY INFORMATION

• DWELLING IN WHOSE NAME? ☐ VICTIM ☐ SUSPECT ☐ OTHER

• WAS THERE PROPERTY DAMAGE? ☐ YES ☐ NO

IF YES, (describe): _____

• WAS THERE STOLEN PROPERTY? ☐ YES ☐ NO

IF YES, (list): _____

J. WITNESS INFORMATION

• WAS WITNESS PRESENT DURING THE INCIDENT? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY TYPE OF WITNESS: ☐ FRIEND

☐ NEIGHBOR ☐ RELATIVE ☐ PASSERBY ☐ BARTENDER

☐ OTHER (specify type): _____

• DID OFFICER INTERVIEW/QUESTION WITNESS(ES)? ☐ YES ☐ NO

K. POLICE RESPONSE INFORMATION

OFFICER(S) RESPONDING _____

BADGE # (S) _____

PD CODE # _____

POST: _____

WHETHER OR NOT AN ARREST WAS MADE, WAS ALLEGED VICTIM:

• GIVEN A "VICTIM'S RIGHTS" PAMPHLET? ☐ YES ☐ NO

• GIVEN A "SAFETY PLAN" PAMPHLET? ☐ YES ☐ NO

(FOR PAMPHLETS CALL DV UNIT 729-4480)

L. POST ARREST INFORMATION

• WAS ARREST MADE WITHIN 24 HRS? ☐ YES ☐ NO

• FOLLOW-UP PHOTO(S) OF VICTIM (2-4 DAYS LATER)? ☐ YES ☐ NO

• IS SUSPECT ON PROBATION? ☐ YES ☐ NO

• DV OFFENSES CHARGED AS:

☐ SIMPLE ASSAULT ☐ VIOL / PROTECTIVE ORDER ☐ B&E

☐ FELONY ASSAULT ☐ THREATENING / HARASSING PHONE CALL

☐ MAL/DAMAGE ☐ FAILURE TO RELINQUISH PHONE

☐ DISORDERLY ☐ STALKING ☐ HOMICIDE ☐ SEXUAL ASSAULT

☐ OTHER (describe): _____

• INVESTIGATION ESTABLISHED ☐ PC ☐ NO PC

• DID VICTIM GIVE WRITTEN STATEMENT? ☐ YES ☐ NO

• HAVE POLICE RESPONDED TO INVOLVED PARTIES BEFORE? ☐ YES ☐ NO

IF YES, HOW MANY TIMES? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ more than 6

M. CASE CATEGORY AND CASE STATUS INFORMATION

☐ DV (domestic violence) ☐ SA (sexual assault or child molestation) ☐ BOTH (elements of DV & SA)

☐ ARREST CASE; ARREST MADE ☐ CASE UNDER INVESTIGATION ☐ NON-ARREST CASE (NO PC)

☐ ARREST CASE; WARRANT ISSUED ☐ DUAL ARREST CASE (2 forms required)

PLEASE PAPER CLIP OFFICER'S NARRATIVE AND ARREST OR INCIDENT REPORT TO THIS ORIGINAL DV/SA FORM.

MAIL TO: DOMESTIC VIOLENCE TRAINING & MONITORING UNIT, 1 HILL ST. PAWTUCKET, RI 02860.

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N. TO BE COMPLETED BY VICTIM (if the victim is willing)

• I HAVE POINTED OUT TO THE POLICE THE PERSON(S) WHO HURT / THREATENED ME. ☐ YES ☐ NO

• I HAVE POINTED OUT TO THE POLICE THE OBJECT(S) USED TO HURT / THREATEN ME. ☐ YES ☐ NO

• I HAVE MARKED ON THE BODY DIAGRAM BELOW WHERE I WAS ASSAULTED. ☐ YES ☐ NO

• I UNDERSTAND ALL THE STATEMENTS I AM FILLING OUT. ☐ YES ☐ NO

• I HAVE MARKED MY OWN ANSWERS. ☐ YES ☐ NO

• LE HE ENSEÑADO A LA POLICIA LA PERSONA QUE ME GOLPEADO / AMENAZO. ☐ SI ☐ NO

• LE HE ENSEÑADO A LA POLICIA EL OBJETO QUE FUE UTILIZADO PARA GOLPEARME / AMENZARME. ☐ SI ☐ NO

• HE INDICADO EN EL DIAGRAMA A DONDE FUI GOLPEADO / A. ☐ SI ☐ NO

• ENTIENDO TODAS LAS DECLARACIONES QUE ESTOY LLENANDO. ☐ SI ☐ NO

• HE VERIFICADO TODAS MIS RESPUESTAS. ☐ SI ☐ NO

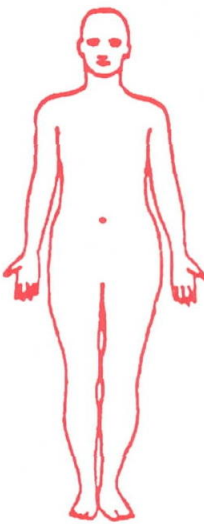
I affirm the information to be true and correct.
Afirmo que esta informacion es cierta y correcta.

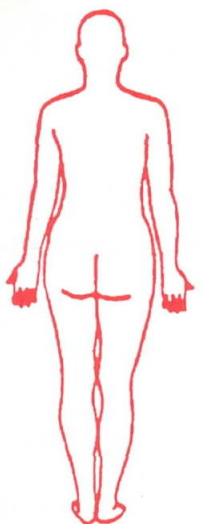
VICTIM SIGNATURE/FIRMA DE LA VICTIMA _____

DATE/FECHA _____

PLEASE MARK WHERE YOU WERE ASSAULTED/INJURED POR FAVOR INDIQUE DONDE FUE GOLPEADO/A

HGT. (Approx.) _____ WT. (Approx.) _____





FRONT BACK

TO ALL HEALTH CARE PROVIDERS:

I hereby consent to the release of my medical records for treatment related to this assault, case, or investigation to the police and the RI Dept. of Attorney General. I understand that my medical information may be used by police or the Attorney General for investigation or prosecution of this case. I understand that I can withdraw or revoke my consent, in writing, in the future.

Por este medio autorizo que mis expediente médicos relacionados a este asalto, caso o investigacion se entreguen a los oficiales de la policia y al Procurador de R.I., mi informacion puede ser usada por la policia o el Procurador para el proceso de este caso. Yo entiendo que yo puedo retirar o revocar mi consentimiento por escrito el futuro.

SIGNATURE/FIRMA _____

DATE/FECHA _____

O. TO BE COMPLETED BY RESPONDING OFFICER

• VICTIM WAS UNWILLING TO GIVE SIGNATURE. ☐ YES ☐ NO

• VICTIM WAS UNWILLING TO MARK RESPONSES. ☐ YES ☐ NO

• OFF. MARKED VICTIM COULD / WOULD NOT. ☐ YES ☐ NO